



Asthma Action Plan for a Young Child

Child's Name _____	Date of Birth _____
Address _____	Home Phone (____) _____
City _____	State _____ Zip code _____
Diagnosis _____	Other Medical Conditions _____
<input type="checkbox"/> Food allergy – Specify _____	
<input type="checkbox"/> Other allergies-Specify _____	

Emergency Information

Parent Contact _____ Preferred Phone # _____ Other Phone # _____

Address _____ City _____ State _____ Zip _____

Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____

Environmental Information

Pets in your home? No Yes Specify _____

Smokers in family? No Yes Number _____

Mother No Yes Father No Yes Other No Yes Specify _____

Persons other than parents who care for your child _____ Do they smoke? No Yes

Exposure to smokers worsens asthma for children. Contact your doctor for tips to quit or use the Center for Disease Control website, www.cdc.gov/tobacco/campaign/tips/quit-smoking/ or 1-800-QUIT-NOW.

Asthma Triggers

Cold/Virus Dust Mold Pollen/grass Pets Exercise Weather Other _____

Medication(s) Given at Home:

Quick Relief Medication to be given in child care if symptoms listed below occur:

If a child is breathing HEAVY AND FAST and CAN NOT TALK WELL or LIPS OR FINGERNAILS are BLUE OR GRAY-CALL 911 AND PARENTS IMMEDIATELY.

Symptoms:

New wheezing is heard (a noise heard when breathing out)
 New frequent cough with or without activity
 Chest retraction (sucking in at the base of the neck, between or below the ribs)

Shortness of breath or rapid breathing
 Complaint of chest tightness
 Additional warning signs:

- Remove the child from any asthma triggers.
- Give medication listed below.

Medications

Inhaler with a spacer and mask (preferred for young children) or mouthpiece: Ask the health care provider about use of a spacer and inhaler in child care for easier and more effective delivery of inhaled asthma medication.

Albuterol Metered Dose Inhaler (Pro-air, Proventil or Ventolin):
 2 puffs (wait one minute between puffs), may repeat once in 4 hours.

Xopenex HFA Inhaler:
 2 puffs (wait one minute between puffs), may repeat once in 4 hours.
 Other: _____

Nebulizer:

Albuterol _____ 1.25mg _____ 2.5mg:
 1 unit nebulized, may repeat once in 4 hours

Xopenex (Levalbuterol)
 _____ 0.31 mg _____ 0.63mg _____ 1.25 mg:
 1 unit nebulized, may repeat once in 4 hours
 Other: _____

- Call the parents to let them know you have given the medication.
- Call the parents or emergency contact for immediate pick-up if the child does not improve within 20 minutes.
- **CALL 911** if symptoms worsen and parents or emergency contact cannot be reached.
- If quick-relief medication is used more than two days in one week, the parent should talk with the child's health care provider about the need for additional medication.
- Early education staff have received in-person instruction for correct use of specific equipment needed: Inhaler with spacer and mask or nebulizer. Yes _____ No _____

I give permission to _____ (name of health care provider/practice) to share information about how to care for my child's asthma with _____ (name of child care provider).
 I have read and understand this asthma action plan.

Parent's signature _____ Date _____

Physician signature _____ Date _____

Child care provider signature _____ Date _____

This is one of many options for an Asthma Action Plan for health care providers to share information with child care providers. This plan is meant for children who need medication intermittently in child care. Another Asthma Action Plan is from the National Heart, Lung and Blood Institute and available at www.nhlbi.nih.gov